SHIP OR STATIO	N		<u></u>
	MOTORCYCLE OPERATOR	ACKNOWLEDGEMENT	
Print Name:		Date:	
Counsellor:			
Ref: A.	OPNAVINST 5100.12J		
Ref: B.			
wi	th policies set forth in Ref A and i	is a high risk activity and I must com f applicable Ref B whether or not I in lations are punishable under the UCMJ.	ntend
ro	padways and I understand that it is m	motorcycle on public and/or government y responsibility to keep my chain of ng status or if I am involved in a mis	
th		cycle license, endorsement or permit find I acknowledge that it is my ide and to keep it current.	rom
	am responsible for my motorcycle and egistration, inspection and insurance		
lnitial tr		mplete Level I fundamental motorcycle le. My command or training provider ma rel I training.	ıУ
II		ave 60 days to complete an approved Let I must complete the level II course bike that I ride.	vel
	s long as I possess a motorcycle and/equired to complete refresher training	or motorcycle endorsement, I will be g every three years.	
LIIILLIULI		rsonal Protective Equipment (PPE) when	ı I
rı	certification. Fake or novelt b. Impact or shatter resistant p glasses, goggles or face shie sunglasses or windshield do n c. Long-sleeved shirt or jacket d. Full-fingered gloves or mitte e. Sturdy, over-the-ankle footwe	rotective eye-wear. Wrap or panel safe dds are acceptable. Standard eye-wear ot provide sufficient protection. and Long trousers. ans designed for use on a motorcycle.	ety :,
Initial 9. I	am expected to participate in the co	mmand motorcycle mentorship program (M	MP)
Signa	ature:		
NAME: (Last, First	t, Middle)	SSN: (Last Four) BRANCH AND CLAS	